



## PROJECT CONSENT WAIVER

Volunteer Event Library Cleaning Party Location Sherwood Public Library Date \_\_\_\_\_

I, \_\_\_\_\_ in connection with my voluntary involvement in activities undertaken for, and with the participation and support of the City of Sherwood, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the City of Sherwood, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the City of Sherwood, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I hereby grant the City of Sherwood the irrevocable right to use forever any film, video tape, audio tape, photographs, slides, or combination thereof, for inclusion in any promotional or advertising purposes, and I agree to appear without pay.

BY MY SIGNATURE BELOW, I AGREE TO HOLD HARMLESS, RELEASE AND INDEMNIFY THE CITY OF SHERWOOD, ITS OFFICIALS AND EMPLOYEES, FROM LIABILITY FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY RESULTING FROM MY PARTICIPATION IN THIS PROGRAM.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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BY MY SIGNATURE BELOW, I VERIFY THAT I AM A PARENT OR GUARDIAN OF THE PARTICIPANT AND I HEREBY CONSENT TO HIS/HER PARTICIPATION IN THE CITY OF SHERWOOD VOLUNTEER PROGRAM. I ACKNOWLEDGE THAT ANY PHOTOGRAPH OR VIDEOTAPE TAKEN OF MY CHILD/WARD PARTICIPATING IN THIS VOLUNTEER ACTIVITY MAY BE USED FOR OUTREACH, EDUCATION OR DOCUMENTATION PURPOSES BY THE CITY OF SHERWOOD. I ALSO AGREE TO INDEMNIFY, HOLD HARMLESS AND RELEASE THE CITY OF SHERWOOD, ITS OFFICIALS AND EMPLOYEES, FROM LIABILITY FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY TO ME OR MY CHILD/WARD RESULTING FROM HIS/HER PARTICIPATION IN THE ABOVE NAMED PROGRAM.

\_\_\_\_\_  
Signature of Parent or Guardian  
(If Participant is under 18 years of age)

\_\_\_\_\_  
Date

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Age\* \_\_\_\_\_ Phone \_\_\_\_\_

\*If under 18 years of age

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_